EXTENSIONS OF REMARKS

DENTAL EMERGENCY RESPONDER ACT OF 2011

SPEECH OF

HON. PAUL A. GOSAR

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 8, 2011

Mr. GOSAR. Mr. Speaker, I rise today in strong support of H.R. 570, the Dental Emergency Responder Act. H.R. 570 will allow states to incorporate the valuable resources and knowledge of dentists and dental facilities into their emergency and disaster planning. This legislation is long overdue and will enable our state governments to take an ''all hands on deck'' approach when it comes to disaster response.

As a trained dentist, I know that dental students receive a great deal of general medical training during the course of their education. As a result, dentists are skilled at patient interviews, diagnostic evaluations, triage, suturing, infection control measures, wound dressing, bloodborne pathogens, administration of medications both intravenously and orally, and basic emergency care, to give just a few examples. Indeed, some dentists receive additional training in oral surgery and are specially trained to address emergent trauma to the maxillofacial areas. Despite these qualifications, the National Health Security Strategy precludes states from including dentists and dental schools in their disaster planning framework. This is a serious omission and an unnecessary one. H.R. 570 would strike this language, and without imposing a federal mandate would permit states to evaluate how dentistry can be helpful in times of crisis and public emergencies.

The Dental Emergency Responder Act is a concept whose time has come, and I urge my colleagues in both the House and Senate to support this important legislation.

THE PRESERVATION OF ANTIBIOTICS FOR MEDICAL TREATMENT ACT

HON. LOUISE McINTOSH SLAUGHTER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 9, 2011

Ms. SLAUGHTER. Mr. Speaker, I rise in support of The Preservation of Antibiotics for Medical Treatment Act.

Every year, two million Americans acquire bacterial infections during their hospital stay, and 90,000 will die from them. 70 percent of these infections will be resistant to the drugs commonly used to treat them.

Drug resistance prolongs the length, cost, and severity of the illness, raising health care costs and reducing health outcomes. In the 1990s, the Institute of Medicine estimated that health care costs were upwards of $5 billion; more recent cost estimates have climbed even higher. According to a recent peer-reviewed article published in the Clinical Infectious Diseases journal, antibiotic resistant infections extended hospital stays between six and 13 days as well as increasing mortality. The researchers concluded that antibiotic resistance costs society over $35 billion nationally.

Antibiotic resistance is a major public health crisis, and yet antibiotics are used regularly and with little oversight in agriculture.

Many of the antibiotics used in agriculture as animal feed additives are also used to treat humans, including tetracyclines, sulfonamides, penicillins, macrolides, aminoglycosides, chloramphenicols, and streptogramins. These classes of antibiotics are critical to our treatment of potentially fatal human diseases. Tetracyclines, for example, are used to treat people potentially exposed to anthrax. Macrolides and sulfonamides are used to prevent secondary infections in patients with AIDS and to treat pneumonia in HIV-infected patients. Penicillins are used to treat infections ranging from strep throat to meningitis.

Despite their importance to human medicine, antibiotics are used routinely to promote growth in livestock agriculture. According to analyses by the Food and Drug Administration, 13.1 million kilograms of antibacterial drugs were sold for use in livestock and poultry, and 3.3 million kilograms were sold for use in humans in 2009. It is unacceptable that 80 percent of antibacterial drugs were sold for use in agriculture in the United States in 2009—rather than for human health purposes.

The overuse of antibiotics in agriculture has been conclusively shown to harm human health.

A 2002 publication in the Clinical Infectious Diseases journal analyzing more than 500 scientific articles concluded that ''many lines of evidence link antimicrobial resistant human infections to food-borne pathogens of animal origin.''

The Institute of Medicine, likewise, concluded that reducing the agricultural usage of antibiotics was necessary. Their 2003 report on Microbial Threats to Health concluded, ''Clearly, a decrease in the inappropriate use of antimicrobials in human medicine alone is not enough. Substantial efforts must be made to decrease inappropriate overuse in animals and agriculture as well.''

Federal agencies, public health organizations, and scientists are united by their concern with the overuse of antibiotics, and its implications for human health.

Despite increased attention to the issue, the response has been inadequate. Part of the problem has been the Food and Drug Administration's, FDA's, failure to properly address the effect of the misuse of animal antibiotics on the efficacy of human drugs.

Although the FDA could withdraw its approval for these antibiotics, its record of reviewing currently approved drugs under existing procedures indicate that it would take nearly a century to remove these medically important antibiotics from the feed given to food producing animals. In October 2000, for example, the FDA began consideration of a proposal to withdraw its approval for the therapeutic use of fluoroquinolones in poultry. The review, and eventual withdraw of approval, took five years to complete. Under its current regulations, the FDA must review each class of antibiotics separately.

For this reason, I introduced the Preservation of Antibiotics for the Medical Treatment Act, PAMTA.

This legislation would phase out the use of the seven classes of medically significant antibiotics that are currently approved for non-therapeutic use in animal agriculture. This bill only restricts the non-therapeutic use of antibiotics in animals; it does not infringe upon the use of these drugs to treat a sick animal.

Addressing this critical issue is not only important for protecting the public's health, but also to ensure that American livestock production remain competitive in international markets.

Nations around the world including those of the European Union, New Zealand, Thailand, and Korea all have either banned or will begin banning the use of antibiotics for the purpose of growth promotion in animal feed. Under World Trade Organization rules, trading partners who implement this ban will have the right to refuse imports that do not meet this standard. Accordingly, if the United States does not conduct similar restrictions, but continues to allow for the non-therapeutic use of antibiotics in livestock, there may be major trade and economic implications.

Limiting antibiotic usage in agriculture is eminently practical, as Denmark's example shows. After banning the non-therapeutic usage of antibiotics, Denmark increased productivity while lowering antibiotic usage. A recently published article in the American Journal of Veterinary Research evaluated the effectiveness of Denmark's ban on non-therapeutic usage of antibiotics, and determined that the ban did not harm agricultural productivity. From 1992 to 2008, antimicrobial usage per kilogram of pig produced decreased from 100 to 49—a decrease of more than 50 percent. At the same time, pig production increased from 18.4 to 27.1 million pigs—an increase of 47 percent. This peer-reviewed evaluation reveals that eliminating non-therapeutic usage of antibiotics helped position Denmark's agricultural industrially globally.

The Preservation of Antibiotics for Medical Treatment Act, therefore, is an urgent trade matter as well as an urgent public health matter.

When we go to the grocery store to pick up dinner, we should be able to buy our food without the worry that eating it will expose our family to potentially deadly bacteria that will no longer respond to our medical treatments. Unless we act now, we will unwittingly be permitting animals to serve as incubators for resistant bacteria.

It is time for Congress to stand with scientists, the World Health Organization, the American Medical Association, and the National Academy of Sciences and do something